

# EAST LONGMEADOW PUBLIC SCHOOLS

*Achievement*



*Accountability*

180 Maple Street, East Longmeadow, MA 01028-2788

Phone: (413) 525-5450 Fax: (413) 525-5456

## Bus Stop Change Request Form

Today's Date: \_\_\_\_\_

**Dear Parent,**

Please be aware that this bus stop change request may take up to **five (5) business days to process**. The Transportation Manager will contact you after processing your request.

The request for the change in a bus stop location must conform to the following:

1. The bus stop must be the same Monday – Friday.
2. The bus stop must be on an existing route for the school the child attends.
3. The change is subject to availability.

I request that the (circle one option):    pick-up   /   drop-off   /   both

For: Student's Name: \_\_\_\_\_

be changed to: \_\_\_\_\_

EVERY DAY: [ \_\_\_\_\_ ]

**ONE DAY DUE TO EARLY RELEASE:** [ \_\_\_\_\_ ] DATE: \_\_\_\_\_

Parent/Guardian's Name (please print): \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email (optional): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Received by: \_\_\_\_\_  
Administrator or Designee's Signature

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### Transportation Manager's Determination:

**Approved:** [ \_\_\_\_ ] **Effective date:** \_\_\_\_\_

**Denied:** [ \_\_\_\_ ]

**Comments:** \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Transportation Manager's Signature